

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 30-20

Registrar's No. 165

FILED JUL 17 1963

VS 300
Rev. 4/59

1 0365

2 0360

3 1

4 0

5 0

6

7 0

8 2

9 X

10

11 036

12 92-3

13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>D.O.A. WASHINGTON</u>		Length of stay in 1b	c. CITY OR TOWN <u>CUBA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R.I.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHNNY ALFONSO BLANKENSHIP</u>		4. DATE OF DEATH Month Day Year <u>JULY 13 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 8 1944</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE IND.</u>	11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO. R.R.I.</u>
13a. FATHER'S NAME <u>VERNON BLANKENSHIP</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA STROTH KAMP</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>NO</u>		16. SOCIAL SECURITY NO. <u>994</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHED CHEST WITH</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASSOCIATED INJURIES TO LUNGS</u> DUE TO (c) <u>HEART ETC.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SUBJECT DROVE AWAY WHICH</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>12:15 7/14/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 MILE EAST ON HWY. 50 OF GERMANTOWN FRANKLIN MO</u>	20f. CITY, TOWN, OR LOCATION <u>SULLIVAN</u> COUNTY <u>FRANKLIN</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>12:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Leonard C. Huffman</u>		22b. ADDRESS <u>Corcoran Union Mo</u>	22c. DATE SIGNED <u>7/14/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-16-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLY MARTYRS CH. CEM.</u>	23d. LOCATION (City, town, or county) <u>SULLIVAN R.R.I., MO.</u>
24. FUNERAL DIRECTOR <u>H.M. EATON</u>	ADDRESS <u>SULLIVAN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7/15/63</u>	26. REGISTRAR'S SIGNATURE <u>Leola C. Huffman</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

3361 0 3 7002

AUG 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.